

ates whose alma maters have failed properly to prepare them for their professional work—by social ostracism of those who practice the satanic principles of charlatanry under cover, and for a time at least are shrewd enough to live within our camps,— by being on the alert to revoke the license of every violator of our medical statutes, with the aid of Father Time, from whose court there is no appeal, we shall be able to rid our noble profession of the majority of these unnamable members.

To improve the efficiency of the work of examining boards, nothing could be done that would promise so much as the creation of some central representative body qualified to offer suggestions, the result of mature thought and deliberation, relative to the administration of our statutes. Such a body of men I believe we have in the Council on Education of the A. M. A., and I am sure that the state boards in general would welcome the assistance of their counsel, if they would be willing to act in such capacity. Access to the Council records of the work being done by the different examining boards and medical institutions would be invaluable to every board in the land. The House of Delegates could not appropriate money to a better end than to furnish the Council a traveling inspector of boards and colleges. Even now it would be an excellent idea for every board to refuse to consider an application until they had a report from the Directory Department of the A. M. A., and if the secretaries of every state would keep a surveillance book in which the records of suspicious, or known to be dishonorable characters, were entered, and monthly report thereof made to the Council, a clearing house, as it were, would soon be established that would serve the cause of equitable medical licensure so well that it would become indispensable. The Council could also issue certificates of qualification to those they know, by credentials or after examination, to be duly qualified.

No state should refuse to accept such certificates, when properly authenticated, as sufficient evidence of qualification to grant license thereon without further technical examination. The fees derived from such certificates would assist the Council greatly in the prosecution of its duties, and while these certificates would confer no legal right, they would carry sufficient influence to make a demand for them.

In conclusion, permit me to urge the issue of medical licenses upon one basis, viz.—that standard of educational and moral qualification which will insure the proper medical and surgical care of suffering humanity. Do not attempt to determine such qualification by any one method—use all rational means practicable—do justice to all—favor none—work hard for the appointment of good timber on examining boards—and keep all batteries in action against the quacks.

## THE RECOGNITION OF AFFECTIONS OF THE UPPER AIR PASSAGES IN SCHOOL CHILDREN.\*

By EMIL MAYER, M. D., New York.

We have been accustomed, as physicians, to mention those who come under our professional observation as belonging to one of three great classes.

1st. Those who have symptoms which betoken an illness of some sort, who detail their every symptom and hope that we may be able to give our verdicts in their favor, or that no serious condition at least may be present.

2nd. Those who magnify their symptoms, or attempt to deceive us deliberately in order that they may be the gainers in reaping the reward that a sick-benefit association may bestow, or may enable them to secure a large sum in suits for damage.

3rd. Those who deliberately hide their symptoms, deny all previous illness, and resort to every subterfuge in order that they may be considered in perfect health for life insurance, civil service positions and the like.

The first of these constitute the greater part of the physician's work, and it is here that his skill as a diagnostician, his tact in dealing with the many vexing questions of policy, his gentleness of ministrations, the assurance he may be able to give, and the absorbing interest, far greater than the public generally suppose, costing him countless hours of anxiety arise, and by his manner of dealing is his reputation enhanced and he becomes, happily often, the conqueror of dread disease.

To this classification a fourth must be added, which is the one in which you are interested, the examination of school children. With neither symptoms nor history to guide you, no desire to appear well or ill, a supreme indifference, with limited time at your disposal, you have to pronounce on the physical signs as to the need of medical care.

How much more difficult a diagnosis becomes without the statement of symptoms is readily apparent, and I may say here that, in my own experience, your diagnoses have been rarely controverted, and it is but just and proper to congratulate you on the careful and thorough manner in which your work was performed. Those of us who are associated with the public clinics have long been accustomed to the cards sent out by the Health Department bearing the diagnosis of the conditions you found, and, in every instance seen by myself, the parent was perfectly willing to permit of such treatment as became necessary to relieve the existing conditions.

The citizens of the commonwealth look upon your work with hearty approval. Your very preciseness, makes my task the more difficult in that much I have to say will be old and trite to you, and yet, if here and there a suggestion may be thrown out to aid you in your arduous labors, I shall feel abundantly repaid for the task you have assigned to me.

External Inspection.—The trained observer will note by the springing step, the bright eye, the ruddy

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countenance and the poise of the head, the absence of any acute condition, while on the other hand the slow, draggy walk, the lack-lustre of the eye, the pallor of the countenance, or a feverish flush, the drooping of the head and body, will make him seek some febrile disturbance, some acute infection.

The vacant look, the lids distended, the lower jaw dropped, with or without secretion pouring through the nose, the thick enunciation with all the M's turned into B's and N's to D's indicate nasal obstruction either anterior or posterior.

External deformity of the nose, a depression, or bending to right or left means special investigation of that organ. Eruptive conditions about the nose or mouth have their own significance. The visual inspection concluded, the hands rapidly passed about the neck with gentle pressure, the presence or absence of cervical, parotid and submaxillary glands are noted.

Internal Examination.—Before beginning the examination, it will be practical to consider the proceeding from the standpoint of the child. It has a dread of appearing before the doctor, and shows it sometimes by crying and an unwillingness to permit any examination, and here the tact of the examiner will stand him in good stead. If the examination is made without any preliminaries there is apt to be a burst of tears, a struggle, a scene and a loss of temper. If, on the other hand, a little time is taken and some questions as to name, age, etc., be first asked, the child loses its fear, becomes accustomed to its surroundings and allows the examination to proceed without a murmur. This is certainly effective in the majority of cases, and, in my own public work, I have found it rare that I am compelled to use the mouth gag to keep the child's jaws apart while the examination of the throat was made.

Furthermore, there should be nothing in the examination to inflict pain, and I am mindful of the caution of Prof. Pollitzer of Vienna, who constantly taught his pupils that the introduction of the speculum in the ear must not give rise to pain. I myself have taught for many years that it was not at all necessary to introduce the finger in the posterior nares to diagnose adenoids. It hurts, and if you don't believe it, just let somebody try it on yourselves. In an instance occurring in my own practice, a mother came to me asking me to arrange for the removal of adenoid growths in her little girl. On my objecting that I had not seen them, and wished to make my own diagnosis, the mother stated that the little girl was so afraid of doctors that she was sure that I could not examine her, but when I told her I had yet to see the patient that I could not examine, and that I must be satisfied of the need for operation myself, she brought the child. The little one,  $4\frac{1}{2}$  years of age, was one of those sweet, dainty little girls that makes those fond of children yearn to love, put her hand confidently in mine and told me her name and age and residence, and showed me her teeth without any to do. I then asked whether I might look at her teeth with a light and she promptly seated herself in the examination chair. With the aid of a wooden spatula her tongue was depressed so that I might

see "what she had for breakfast," her pharynx was readily seen, the light thrown into her anterior nares, her ears inspected with the light and the little silver funnel, the examination was completed and the child was deep in the mysteries of "Illustrated Mother Goose" with my office nurse in another room, while operation details were gone into with the mother, who was simply astounded at the ease of the whole procedure. Will you permit me to digress just a moment while on this subject, to call your attention to a point in regard to subsequent treatment, especially of an operative kind, of those children; it is, the importance of having the child out of hearing when details of operation are discussed or operation is mentioned, leaving the mention thereof entirely to the parents, who know the child so much better than any of us can hope to. The future handling of the case becomes much simplified.

Examination.—The next step is the examination, and here the most important prerequisite is a proper light, with the patient seated directly opposite, and, if possible, a little higher than the examiner. The advantages of direct and reflected light are known to all of you and need no rehearsal here, but it would seem to the writer that the very best light for your purpose would be the direct light from a portable battery, which can be kept in order at a trifling expense.

Nose.—An examination of the anterior nares with the light thrown into the nose will show the presence of abscess or eczema, excoriations or fissures in the alæ, the presence or absence of a discharge from one or both sides of the nose, a tendency to epistaxis. A discharge from both nostrils should awaken suspicion of the possibility of diphtheria. A one-sided discharge from the nose should make you suspect a foreign body in the nose. This latter may readily exist without the parents or the child being aware of its presence. By elevating the tip of the nose the presence or absence of dislocation of the lower portion of the septum may be ascertained, and by the introduction of a spring bivalve speculum, deviations of the cartilaginous septum, tumors of any kind or abscess of the septum may be diagnosed. The latter is almost always a double tumefaction, resists slightly to the touch of a probe and there is a history of some violence immediately preceding. Deviations are recognized by the concavity existing on the opposite side.

Mouth.—Hare lip and palatal deformities are readily noted, while closer observation may be required for small ulcerations on the tongue, lip and cheek, and also for the very thin membranous deposits on the inner surface of the cheek or on the soft palate, which are known as the angina of Vincent. This latter may be positively determined only by having recourse to the microscope. Inflammations about the gums are comparatively frequent, as are those about the tonsils, which latter eventuate in peritonsillar abscess or quinsy. Perhaps the most frequent of all the inflammatory conditions is that known as follicular tonsillitis, where there is a lymph deposit usually situated on both tonsils, filling their crypts, and within the first few days is associated with much febrile disturbance. Some-

times these lymph deposits coalesce and then it becomes impossible to differentiate it clinically from diphtheria. These cases must be labeled suspicious and if at all practical, should be isolated until such time as the reports from cultures taken will disprove the presence of diphtheria. The picture of a diphtheretic throat with its ashen gray membrane, bleeding readily on the slightest manipulation, enlarged glands of the neck and constitutional disturbance, is so well known to you as to need but bare mention.

Another acute condition for which the examiner should be on guard is retro-pharyngeal abscess. The absence of large tonsils, the pushing forward of the soft palate, the bulging of the posterior walls, and the yielding of the tumor to the touch of the index finger will be of great aid in diagnosis. Caution should be taken against any other than the most gentle touching of the parts for fear of rupture, a sudden gush of pus into the larynx and strangulation.

An acute edema of the uvula is not common in children, though quite so in adults. Of the more common chronic conditions we have hypertrophies of the faucial tonsils. In examining this region quiet respiration with the tongue depressed will readily disclose their presence or absence. It is essential that the examination should be free from gagging on the part of the child, as a moderately hypertrophied tonsil may appear very large by drawing together of the soft palate in the act of gagging. There may be bulging of the posterior pharyngeal wall due to exostosis of the face of the body of the vertebra. Its firm resistance to the touch would differentiate it from an acute swelling.

Naso-Pharynx.—The condition met most frequently is the presence of adenoid vegetations, and the determination of their presence requires at times a high degree of diagnostic skill. As a result of close observation lasting many years, where the diagnosis of the presence of the adenoid vegetation has been made by myself, subsequently verifying it by operation in thousands of cases, I may say that it has become an axiom with me, that the presence of large follicles on the posterior pharyngeal wall (such as are diagnosed as follicular pharyngitis in the adult) in young children not previously operated upon for adenoids, is absolutely diagnostic of their presence in the vault of the posterior nares. It is because of this sure sign that I do not introduce my fingers into the posterior nares of young children for the sake of diagnosis. It is quite sufficient for me to diagnose their presence, their exact location and amount is determined shortly before operating. I have taught this diagnostic point for many years and I myself have never had it fail me, nor have any of my former pupils recorded any failure on their part.

In my remarks thus far, I have purposely refrained from the question of syphilis in the nose and throat, as it seemed best to speak of this condition separately from the acute and chronic affections that we have thus far considered. The time at my disposal permits of a very brief reference to this condition, however. That the primary sore occurs in young children on the tongue, lips or tonsil cannot be gainsaid; but fortunately it is of rare occurrence in the very young, and the vast

number of cases of this affection seen by you will be of hereditary nature and tertiary character. Principal among these we have bone lesions in the nose, causing external deformity and ulcerated processes in the mouth, on the tongue, inner surface of the cheeks and tonsils. Where the lesions exist to a mild degree there is a very strong resemblance to the bacillus of Vincent. The time at your disposal for the closer study and differential diagnosis of these lesions is so short that you are justified in calling them ulcerations, and if syphilis be suspected to add the word specific with an interrogation mark to follow.

Before concluding these desultory remarks, I would like to call your attention briefly to a serious condition that you must meet quite frequently, not down on your diagnostic cards, and yet one that has a lasting influence of a very depressing nature on the unfortunate so afflicted. It requires no diagnostic acumen, and under intelligent treatment is a curable affection. I allude to stammering.

In an article on the neuroses of the upper air passages, I stated that "few maladies to which flesh is heir, cause quite as much unhappiness as does the stammerer's inability to express his thoughts." From time memorial noted men have been thus afflicted, whose nervous dread and sensitive shame froze the current of their speech, they stand impotent of words, travailing with unborn thoughts. Stammering may be defined to be the inco-ordination of three mechanisms of speech, the respiratory, the vocal and the oral. The treatment is that which the laryngologist only can indicate. Careful study has been made of the various causal factors in the affection, notably by Makuen of this country, whose intelligent observations have occasioned much favorable criticism from those who have followed them.

The treatment of these sufferers is either in the hands of charlatans or else in those whose charges are prohibitive to the poor, and it is rather remarkable that up to the present time in all of the institutions of this great city, where throat diseases are treated, that no guiding spirit has risen to call attention to the need for such subdivision of their work as would include the treatment of these affections to the poor. It may perhaps be due to the fact that these only present themselves occasionally in the various clinics, and that their number is not sufficient to warrant the outlay necessary for the employment of special teachers who may be required to give instruction under the direction of the physician. With the broad and liberal spirit shown by the citizens of this community, I have no doubt that a free clinic would promptly be arranged, provided a sufficient number of worthy applicants were at hand. It is also a debatable question as to whether the co-operation of the Board of Education might not be secured in attaining this result.

In the meantime, if such cases are referred by you to the laryngologists, the first steps will have been taken toward the relief of this class of unfortunate children.

All reference to acute conditions found at the bedside of ailing children have been purposely omitted, they being beyond the scope of these remarks.